



Annual Report from Finance & Performance Committee - 2020/21

May 2021 Audit Committee / May 2021 Board

Presented for:	Information and Assurance
Presented by:	Gillian Taylor - Chair of the Finance and Performance Committee
Author:	Gillian Taylor - Chair of the Finance and Performance Committee

Trust Goals	
The best for patient safety, quality and experience	✓
The best place to work	
A centre for excellence for research, education and innovation	
Seamless integrated care across organisational boundaries	✓
Financial sustainability	✓

Key points	
<p>1. Terms of Reference - The Committee Chair, along with the Committee has reviewed the Terms of Reference (ToR) on a line-by-line basis, to ensure that the Committee is fit for purpose and carries out its duties as delegated by the Board of Directors.</p> <p>The committee has discharged its duties in line with the ToR.</p>	Assurance/ Approval
<p>2. Reporting Requirements - The terms of reference for Finance & Performance Committee state that the Committee will report annually on the delivery of its work programme. It will report specifically on:</p> <ol style="list-style-type: none"> 1. Risk 2. Financial management 3. Operational Performance 4. Capital Programme 5. Governance/Approvals 	Assurance

<p>6. Minutes / Hot Topics for Noting</p> <p>These six work plan areas have been amended in the new Terms of Reference, shown in Appendix 1.</p>	
<p>3. Work Plans</p> <p>I. The Board of Directors approved the Committee’s Work Plan for 2020/21, and reported assurance against items received during the year, (or stated where it cannot provide assurance).</p> <p>II. The Committee sets out its draft Work Plan for the coming year in Appendix 2, seeking approval from the Board.</p>	<p>Assurance</p>

1. Purpose

The purpose of this paper is to provide assurance to the Audit Committee that the Finance and Performance Committee has discharged its duties in accordance with its Terms of Reference, completed its work plan for 2020/21, and to propose its draft work plan for 2021/22.

2. Committee Members and Effectiveness

Gillian Taylor has been the Chair during the year, and the Executive and Non-Executive membership of the Committee has remained constant during the year. All members attended in excess of 75% of the meetings.

The F&P Committee have met on eight occasions during 2020/21. Normally the Committee would meet monthly, however as a result of the Covid-19 pandemic, and in line with the NHSE/I guidance ‘Reducing the Burden and Releasing Management Capacity’ (March 2020), changes were made to the LTHT meeting structure.

In September and December 2020, invitations were extended to the full Board to join the F&P Committee in conducting the Quarterly fundamental financial review of the Trust’s/Integrated Care System (ICS) position. Four fundamental financial reviews have taken place to date (June, September, December 2020 and March 2021).

The Committee has been effective during the year, with the Chair seeking feedback at the end of the meetings, and also conducting 121 feedback sessions with the majority of Committee members during April 2021. Assurance and information from the Committee was provided at each Board meeting via verbal and a written Chairs report. The previous meetings minutes are also included as a Blue Box item.

3. Delivery Against Terms of Reference

The Committee has complied with its Terms of Reference.

4. Amendments to Terms of Reference

Minor changes are required to the terms of reference, and these are detailed in Appendix 1.

5. Committee Objectives

The objectives of the F&P Committee for 2020/21 are detailed in Appendix 3, and an assessment of progress is detailed. The objectives have been completed, noting the 'pause' of objective 4, during the peak of the Covid-19 pandemic. The proposed objectives for 2021/22 are in Appendix 4.

6. 2020/21 Work Plan

Assurance of delivery of work plan

The workplan was amended in August and January 2020/21 to reflect additional assurance required during the Covid-19 pandemic. It has six areas of focus, and a description for each section is given below on how assurance has been achieved:

6.1 Risk (Refer to Section 8)

6.2 Financial Management

The overall NHS financial regime has changed during the Covid-19 pandemic. The Trust also acted as host for NHS Nightingale Yorkshire & the Humber with dedicated "pass through" funding from NHSE with governance and accountability from LTHT.

At each meeting the financial performance and forecast for the current year were reviewed, scrutinised and tested by the Committee, against the relevant financial regime in place. All elements of the financial position were discussed including income, expenditure and cash management. A key focal point has been around achieving financial sustainability. On each occasion the implications of the forecasts were considered in detail and care taken to ensure that savings were not planned where it was thought it would risk quality or service levels.

The Committee has received regular iterations of the 2021/22 financial plan, and the five-year financial strategy/plan. The annual plan was developed in advance and in anticipation of national planning requirements. The Committee and Board have approved both the 2021/22 and the strategy/five-year plans. The Trust financial plan approved by the Trust Board is a break-even position in 2020/21.

During the year, the Committee has received updates on the performance against waste reduction targets. CSUs began working on their 2021/22 waste reduction targets in July 2020, and have been agreed by the Committee.

The Fundamental Reviews of the Trust's financial position set out the forecast risk range and give the Committee the opportunity to challenge and discuss assumptions around the best case, mid case and worst-case forecasts. A decision is made at

these meetings whether or not to change the Trust's forecast. Risks to achieving the financial position were explored, alongside impacts on cash and capital. The Committee agreed to support the action plan to ensure delivery of the financial plan, this action plan was reported throughout the financial year.

6.3 Performance

The Integrated Finance & Performance Report reviews performance against each of the Trust's key performance targets.

Our usual practice by the Committee is that these are reviewed for the Trust as a whole, but as a consequence of the pandemic our practices have been amended.

On 30 January 2020, a level 4 National Incident was declared and the NHS's response to the Covid-19 pandemic was set out by NHSE/I. On the 17th March 2020, a directive was sent to all NHS bodies setting out actions to redirect staff and resources. This had a significant impact in LTHT's level of operational delivery against each of the constitutional standards. On 29th April 2020, phase 2 of the NHS response was outlined, and included an assessment and review of capacity to enable re-establishment of elective activity. On 31st July 2020, the third phase of the NHS response to Covid-19 was set-out, and this included a return to near-normal levels of non-Covid-19 health services, full restoration of all cancer services, and targets to maximise the elective capacity. At the end of August 2020, LTHT submitted its draft Phase 3 submission to NHSE/I and this reflected a significant level of ambition, with a realistic assessment of Q3/Q4 delivery.

On 5th November 2020, the NHS returned to the highest level of emergency preparedness, Incident Level 4. This move signalled that the NHS moved to being coordinated nationally, and supported interregional mutual aid across the NHS in England, as required.

The Constitutional Standards have not been met consistently during 2020/21. It is recognised that there has been a balance of managing Covid-19 activity safely for patients and staff, and priority of activity has had to take place (in line with the Royal College of Surgeons prioritisation guidance); with the knowledge that this would result in growing waiting times/lists for constitutional standards.

The Committee would normally gain assurance by performing 'deep dives' on each of the Constitutional Standards. During this stretching period of operational delivery, the Committee has gained assurance through receipt of additional information on:

- Current operational pressures and operational planning – receipt of more frequent, granular information;
- The impact of delayed discharges of patients who no longer need to reside in acute hospital care - care from both an operational and financial perspective;
- Covid-19 testing of patients, staff, care home residents and their staff;
- The Covid-19 mass vaccination programme.

As the Covid-19 pressure begins to reduce, in 2021/22 the Committee will seek assurances for stabilisation, re-set and recovery plans.

6.4 Capital Programme

The Committee regularly reviewed the Trust's Capital Programme, including seeking assurance on the prioritisation of capital spend and forecast Capital Expenditure; (including capital governance and control).

6.5 Governance / Approvals

The Committee has reviewed and approved business cases, contracts and frameworks. There have been a greater number of Chair's Approvals this year, which have required a decision either between an F&P Committee or Board meeting. The process for Chair's Action has been followed, as defined in Standing Orders and has been reported to the following Public Board meeting within the Chair' report.

6.6 Hot Topics / Minutes of sub committees

The Committee has regularly received updates on the Genomics programme. The Committee has received copies of the minutes from the Capital Planning Group, and the Yorkshire and North East Genomic Laboratory Hub Partnership Board.

7. Other Issues addressed by the Committee in year

In addition to monitoring the key performance indicators during the year the Committee has continued to develop its focus on:

- The ICS organisational form, and the future of commissioning.
- Key projects such as the Leeds Generating station complex, with particular focus on the contractual dispute with Engie, the main contractor.
- Approval/recommendation for approval of key contracts proposed to be entered into by LTHT.

During 2020/21, the Committee has also worked closely with the Building Development Committee to prevent duplication, but ensure governance and assurance to the Board.

8. Risk Management

The risk register has been regularly reviewed, assessing the financial and operational risks. The Committee reviews any risks arising from their meeting which need to be escalated.

Key risks to the financial plan have been regularly reported, including impact of the Covid-19 pandemic, increased nursing/staff spend, delivery of waste reduction plans, changes in the financial regime, and the impact of Brexit. The Committee has also received, discussed and reviewed the implications of the control totals set by NHSI/E; the year-end forecast position and monthly updates of key projects within the Trust (including the renewal of the Trusts power infrastructure) and communicated the results of those risk-based discussions and any recommendations to the Board.

In addition, the Committee regularly reviewed relevant risks on the Corporate Risk Register, and there is no evidence to suggest that these risks are materially mis-stated:

- CRRS8 Risks arising from Britain's withdrawal from the EU
- CRRS16 Risk of recommencing normal activity levels due to reduced capacity (Covid-19). *[New risk raised, June 2020]*
- CRRF1 Failure to deliver the financial plan 2020/21
- CRRF3 Risk relating to commercial pressures arising from delays in delivering the refurbishment of the Generating Station Complex at LGI
- CRRP1 Failure to achieve the Emergency Care Standard
- CRRP2 18-week RTT target non compliance
- CRRP3 62-day cancer target
- CRRP4 Failure to achieve 28 day cancelled operations target
- CRRP5 Patient flow and capacity to emergency admissions
- CRRP6 Unsustainable levels of medical outliers
- CRRP7 52-week RTT target non-compliance in spinal injuries and colorectal services
- CRRP8 Patients waiting longer than 6 weeks following referral for diagnostic test.

The Committee has a standing agenda item to ask all members towards closing the meeting if there are any issues they wish to escalate to the Board, other Committees (including Risk Management Committee) or Corporate Risk Register from any information they have received and discussed during the meeting. In addition, there is a standing agenda item for the Committee to escalate to the Quality Assurance Committee any area of performance delivery that they would seek further assurance regarding patient care, or quality issues relating to delivery of constitutional standards.

During 2020/21 two escalations were made for consideration of the Quality Assurance Committee:

- In July 2020, the 52-week wait position
- In February 2021, the prioritisation of the 62-day cancer patients.

9. Internal control environment

During 2020, the Committee requested (and added to the work plan) a bi annual assurance report on procurement, with the first report being received in January 2021.

At the February 2021 Committee meeting, the Committee received the annual self-assessment against the CQC criteria 'Use of Resources' and this provided assurance to maintaining good practices.

Additionally, there are a number of internal audit reviews which have taken place in 20/21, which are relevant to the Committee:

1. Key Finance Systems – Low Risk
2. Finance the Leeds Way – Low Risk
3. Contract Assurance – High Risk

4. Waste Reduction Plan – Medium Risk
5. Capital assets – Fieldwork underway
6. Covid Reimbursement Review – Drafting Report.

10. Proposed 2021/22 Work Plan

The draft work plan for 2021/22 is included in Appendix B. The Committee are seeking delegation from the Board to carry out this work on its behalf.

11. Publication Under Freedom of Information Act

This paper is exempt from publication under Section 29/36/38/40/41/43 of the Freedom of Information Act 2000, as it contains information which is in draft format and may not reflect the organisation's final decision.

12. Recommendation

The Audit Committee are asked to:

- take assurance that the Finance and Performance Committee has delivered the agreed delegated activities by the Board, as set out in its Work Plan, and gained assurance as defined by the Committee Terms of Reference, and these are current and valid, subject to the proposed change that will be presented to the Board for approval;
- Take assurance from the Work Plan for the next financial year, which will flow to the May Board meeting for their approval, (which underpins their delegation to the Committee).

12. Supporting Information

The following papers make up this report:

Appendix 1 Terms of Reference

Appendix 2A Work Plan for 2020/21

Appendix 2B Work Plan for 2021/22

Appendix 3 Objectives for 2020/21

Appendix 4 Objectives for 2021/22

**Gillian Taylor, Chair of Finance & Performance Committee
May 2021**

APPENDIX 1– Terms of Reference – Finance & Performance Committee

1. Main Authority / Limitations

The Board has resolved to establish a Committee of the Board to be known as the Finance & Performance Committee (“the Committee”). The Committee is comprised of Non-Executive Directors, accounts to the Board shall have Non-Executive responsibilities, powers, authorities and discretion as set out in these terms of reference. The purpose of the Finance & Performance Committee is to lead on behalf of the Board of Directors the acquisition and scrutiny of assurances concerning (i) budget/5-year strategy/plan and operational processes; (ii) financial and operational performance; (iii) material variance; and (iv) remedial plans.

- 1.1 The Committee is authorised by the Board to investigate any activity within its terms of reference. The Committee may invite any Director, Executive, external or internal auditor, or other person to attend any meeting(s) of the Committee as it may from time to time consider desirable to assist the Committee in the attainment of its objective. The Committee may appoint, employ or retain such professional or legal advisors the Committee consider appropriate. Any such appointment shall be made through the Company Secretary. All Board Members shall be entitled, should they wish to do so, to see the advice received from the Committee’s advisors.
- 1.2 The Committee will report annually on the delivery of its work programme. Reports will specifically comment on Risk, Financial management, Operational Performance, the Capital Programme, Governance/Approvals, Relevant Minutes / Hot Topics for Noting.
- 1.3 Approved minutes of the Committee are circulated to the Board for information at the first formal meeting of the Board after approval. The minutes are also circulated to those regularly in attendance. The Committee Chair provides the Board with a brief summary of the Committee’s work at the first available Board meeting opportunity after each Committee meeting. The Chair of the Committee will escalate matters to the Board as deemed appropriate and, if necessary, to the trust Board Chair prior to a Board meeting.
- 1.4 Trust Standing Orders and Standing Financial Instructions apply to the operation of this Committee.

2. Objective

- 2.1 The Committee shall be accountable to the Board and examine assurances relating to financial and operational performance.

3. Primary Duties and Responsibilities

- a. To oversee and assure financial and operational performance. In providing such oversight and advice to the Board and Committee shall oversee (i)

current and forward-looking financial and operational performance pressures, including stabilisation, reset and recovery from the Covid-19 pandemic; (ii) consider future financial and operational strategy (oversight on behalf of the Board of the Trust's overall revenue and capital plans, current position forecast risk and mitigations), including capital and cash management; (iii) scrutinise assurances provided by management in respect of key performance indicators (this would include the performance framework defined by NHS England/Improvement, and indicators prioritised by the Board from corporate strategy).

- b. To consider and advise the Board on the risks associated with any material financial transactions as required from time to time by any Director in consultation with the Chairman and Chief Executive. In preparing such advice the Committee shall satisfy itself that a due diligence appraisal of the proposition is undertaken, focusing in particular on the implications for financial and operational performance, and is within the risk appetite and tolerance of the Trust, drawing on independent external advice where appropriate and available, before the Board takes a decision whether to proceed.
- c. To require regular financial and operational performance reports from management which enable the Committee to consider the financial and operational risks involved in the Trust's business and how they are controlled and monitored by management.
- d. To work closely with and support the Audit Committee to review and oversee the effectiveness of the Trust's internal control framework.
- e. To consider, within its agenda, material issues communicated to it by the Audit Committee arising from the work of the Internal Audit function relating to matters which fall within the scope of the objective and responsibilities of the Committee. The Committee shall provide feedback on its review of such referred internal audit work, in particular as to any shortcomings perceived in the scope or adequacy of the work. Additionally, the Committee shall respond to any other matters of an internal audit nature that are referred to it by the Audit Committee as appropriate.
- f. To review and endorse the content of the Finance & Performance Committee Report in the annual report and accounts for submission to the Board.
- g. To undertake or consider on behalf of the Chairman or the Board such other related tasks or topics as the Chairman or the Board may from time to time entrust to the Committee.
- h. The Committee shall review annually the Committee's terms of reference and its own effectiveness and recommend to the Board any necessary changes arising therefrom.
- i. To report to the Board on matters set out in these terms of reference and how the Committee has discharged its responsibilities.
- j. The Chair of the Committee shall provide an annual letter of assurance to the Chair of Audit Committee confirming the effectiveness of the Committee and

fulfilment of its objective, and to the effect that the Committee has reported to the Board financial or operational performance which could adversely affect achievement of corporate objectives.

- k. Where there is a perceived overlap of responsibilities between the Trust's Audit Committee, Quality Assurance Committee, Digital and Informatics Committee, Workforce Committee or the Building Development Committee usually in consultation with the Director of Finance, the respective Committee Chairman shall have the discretion to agree the most appropriate Committee to fulfil any obligation.
- l. Where the Committee's monitoring and review activities reveal cause for concern or scope for improvement, it shall make recommendations to the Board on action needed to address the issue or to make improvements.

4. Duties and Etiquette

The duties of the Chairperson of the Committee shall be to:

- keep the Board informed regularly of any material matters which have come to the Committee's attention;
- ensure that minutes of the Committee are an accurate reflection of discussion;
- attend or designate another member of the Committee to attend public meetings of the Trust to answer any questions related to the work of the Committee;
- submit an annual report on the work and effectiveness of the Committee to the Board; and
- ensure that all significant risks are discussed and where necessary escalated in line with LTHT's Risk Management Policy.

The duties of members and attendees shall be to:

- attend and contribute;
- have read the papers and materials in advance and be ready to work with them;
- actively participate in discussions pertaining to Committee business ensuring that solutions and action plans have multidisciplinary perspectives and have considered the impact Trust-wide;
- disseminate the learning and actions from the meetings;
- to attend at least 75% of meetings of the Committee per year.

5. Constitution

The Committee shall meet with such frequency and at such times as it may determine. It is expected that the Committee shall meet a minimum of ten times per year.

The quorum for meetings shall be two Non-Executive Directors, one of whom should be the Committee Chairman, unless he or she is unable to attend due to exceptional circumstances. In the absence of the Committee Chair a decision will be taken in advance of the meeting as to which independent Non-Executive Director who is a member of the Committee, shall Chair that particular meeting.

6. Membership and attendance

The Membership shall be disclosed in the Annual Report and shall be three independent Non-Executive Directors of the Board. At least one of the members shall have recent and relevant financial experience. There shall be no deputies allowed in the absence of a member attending. Any member of the Committee who is able to speak and be heard by each of the other members shall be deemed to be present in person and shall count towards the quorum. The Members shall be:

- Gillian Taylor (Chair)
- Bob Simpson
- Linda Pollard
- Tom Keeney

The Chief Executive, Director of Finance, Director of Human Resources & Organisational Development, Chief Digital & Information Officer, [Chief Operating Officer](#), [Medical Director \(Planned Care\)](#), [Medical Director Operations \(Unplanned Care\)](#), Associate Director/s of Finance, Director of Estates & Facilities and Company Secretary shall be in attendance at all meetings except in relation to reserved business. They may send deputies to represent them in their absence or invite specific colleagues to address the Committee where appropriate and agreed with the Committee Chairman.

In order for decisions taken by the Committee to be valid, the meeting must be quorate. This will consist of two members of the Committee being present at the point when any business is transacted.

The Committee is serviced by Secretariat which organises meetings. Papers shall be available at least five clear days before each meeting. Papers shall not be tabled unless it is essential and only with the Committee Chair's prior agreement.

Terms of reference are reviewed annually or in the light of changes in practice or national/local guidance.

7. Version Control

Version Control	Date	Comments
V14	26 March 2020	Update duties of F&P and BDC
V15	30 July 2020	Update membership
V16	25 March 2021	Update membership remove Deputy CMO
V17	April 2021	Alignment of language to the work plan

Document Owner

The Company Secretary is the owner of this document and of any Board Minute authorising any amendment.

Appendix 2A - F&P Annual Report

THE LEEDS TEACHING HOSPITALS NHS TRUST
Finance and Performance Committee Work Plan 2020/21
(updated as 8 Jan 2021)

Item	Lead / Author	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
1 Risk		Covid - No Mtgs											
Escalate 'major' risks as identified	DoF/C OO	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Review assurances are in line with the BAF & the ToR	DoF	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Review Corporate Finance Risk Register				✓			✓			✓			✓
2 Financial Management													
Finance the Leeds Way	DoF	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
In Year Financial Position and Financial Risk Range Forecast; including ICS position, Trust Capital and Cash and CSU performance.		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Contracting & Commissioning Update (incl. Aligned Incentive Contract) and Covid changes	DoF	✓	✓	✓	✓	✓	✓	✓	✓	DoF of CCG to attend	✓	✓	✓
Waste Reduction Plans and monitoring progress)	DoF	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2021/22 Financial Planning Assumptions / updates	DoF							✓	✓	✓	✓	✓	✓
2021/22 Financial Plan Approval	DoF									✓			✓
5 Year Financial Strategy Refresh	DoF							✓					
Fundamental Review of in year financial position (Reported to full Board)	DoF			✓ 25June			✓			✓ 17 Dec			✓ (Re 20/21)

Item	Lead / Author	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Procurement Report (assurance)					✓						✓		
Vaccination (contract & £ governance)										✓	✓	✓	✓
3 Performance										Operational/ performance covid pressures to full Board			
Performance Report –additional information by exception	ADoP/ DCE	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Remedial Plans Constitutional standards Operational recovery					✓ ✓	✓ ✓	✓ ✓	✓ ✓	✓ ✓	✓ ✓	✓ ✓	✓ ✓	✓ ✓
Sustainability Report Annual report 6-month update – presentation	DoE		✓ (AR)				✓ (AR)		✓				
Workforce Report	DoHR	Moved to Workforce Cttee - move from 2021/22 plan											
4 Capital Programme													
Within the 5-year financial plan Capital Programme for 2021/22	S&P							✓					
Monthly Capital Programme Report (incl GSC - LGI)	S&P	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5 Governance													
Business Cases (inc WYAAT cases)	As reported (to meeting at least month before BoD) - Threshold to F&P Cttee over £1m to £3.5m approval - and thereafter to BoD												
Award of Contracts	As reported (to meeting at least month before BoD) - Threshold to F&P Cttee over £1m to £5m approval - and thereafter to BoD												
Annual Report of Cttee (to Audit Cttee)	DoF											✓	
Committee Work Plan	DoF											✓	
Review Cttee ToR (annually)	DoF											✓	
Self-assessment – Uses of Resources	DoF								✓				
Genomic needs to be in a section to report - add to March 2021 - Genomics laboratory service, Pathology CSU & Angie Craige as link ADOP Genomic Medicine Service Alliance to Board timeouts - as required													
6 Minutes / Hot Topics for Noting													
Capital Planning Group	DoF	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CSUs called to Exec Team as per Performance Framework (mins of this)	CE /DoF	Escalation as required											

Item	Lead / Author	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
<i>part of the mtg for assurance)</i>													

Appendix 2B- F&P Annual Report
THE LEEDS TEACHING HOSPITALS NHS TRUST
Finance and Performance Committee Work Plan 2021/22
(updated as 20 Jan 2021)

Item	Lead / Author	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
1 Risk													
Escalate 'major' risks as identified	DoF/C OO	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Review assurances are in line with the BAF & the ToR	DoF	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Review Corporate Finance Risk Register				✓			✓			✓			✓
2 Financial Management													
Finance the Leeds Way	DoF	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
In Year Financial Position and Financial Risk Range Forecast; including ICS position, Trust Capital and Cash and CSU performance.	DoF	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Contracting & Commissioning Update (incl. Aligned Incentive Contract) and Covid changes	DoF	✓	✓	✓	✓	✓	✓	✓	✓ DoF of CCG to attend	✓	✓	✓	✓
Waste Reduction Plans and monitoring progress)	DoF	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2021/22 Financial Planning Assumptions / updates	DoF							✓	✓	✓	✓	✓	✓
2021/22 Financial Plan Approval	DoF									✓			✓
5 Year Financial Strategy Refresh	DoF							✓					
Fundamental Review of in year financial position	DoF			✓			✓			✓			✓

Item	Lead / Author	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
<i>(Reported to full Board)</i>													
Procurement Report (assurance)	DoF				✓						✓		
Vaccination (contract & £ governance) monthly	DoF	✓	✓	✓	✓	✓	✓	✓	And as required				
3 Performance													
Performance Report –additional information by exception	ADoP/ DCE	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Remedial Plans	COO				✓	✓	✓	✓	✓	✓	✓	✓	✓
Constitutional standards					✓	✓	✓	✓	✓	✓	✓	✓	✓
Operational recovery					✓	✓	✓	✓	✓	✓	✓	✓	✓
Sustainability Report Annual report	DoE		✓ (AR)						✓				
6-month update – presentation													
Workforce Report										✓			
4 Capital Programme													
Within the 5-year financial plan Capital Programme for 2021/22	S&P							✓					
Monthly Capital Programme Report (incl GSC - LGI)	S&P	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5 Governance													
Business Cases (inc WYAAT cases)	<i>As reported (to meeting at least month before BoD) - Threshold to F&P Cttee over £1m to £3.5m approval - and thereafter to BoD</i>												
Award of Contracts	<i>As reported (to meeting at least month before BoD) - Threshold to F&P Cttee over £1m to £5m approval - and thereafter to BoD</i>												
Annual Report of Cttee (to Audit Cttee)	DoF											✓	
Committee Work Plan	DoF											✓	
Review Cttee ToR (annually)	DoF											✓	
Self-assessment – Uses of Resources	DoF								✓				
Genomics laboratory service, Pathology CSU & Angie Craige as link ADOP Genomic Medicine Service Alliance to Board timeouts - as required	AG & Path CSU			✓			✓			✓			✓
6 Minutes / Hot Topics for Noting													
Capital Planning Group	DoF	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CSUs called to Exec Team as per Performance Framework (<i>mins of this part of the mtg for assurance</i>)	CE /DoF	Escalation as required											

Appendix 3

Finance and Performance Committee Objectives 2020/2021

	Objective	Assessment
1	Lead the scrutiny of assurances for: <ul style="list-style-type: none"> - Budget - Financial and operational performance - Material variances - Remedial plans Giving consideration to: <ul style="list-style-type: none"> - The joined-up nature/alignments of the plans (across financial, operational and people) - The system wide performance - Alignment to national direction and strategies - Following the Leeds Way and demonstrating the Trust values 	Completed
2	Execute and report on the delivery of the F&P programme. Report concerns to the Board/appropriate sub-committee, and ensure mitigation/corrective plans are robust	Completed
3	Prepare and deliver annual assurance report to the Audit Committee, confirming the effectiveness of the Committee and fulfilment of its objectives	May 2021
4	Continue with the 2019 deep dive methodology on operational performance/constitutional standards. Ensure a forward-looking approach, striving to achieve the Constitutional Standards, by March 2021 (or alternative standards if introduced).	Deep dive methodology was paused during the more challenging Covid 19 periods, but this resumed in March 2021. In our summer 2020 recovery plan we strived towards trajectories to achieve our constitutional standards, we were hit with a 3 rd more significant Covid-19 wave.
5	Incorporate the overseeing and assurance of the financial performance for Building the Leeds Way, aligned to the ToR of the Building and Development Committee	Completed, and embedded into the Building and Development Committee.

Appendix 4

Finance and Performance Committee Objectives 2021/2022

	Objective	Due Date
1	Lead the scrutiny of assurances for: <ul style="list-style-type: none"> - Budget - Financial and operational performance - Material variances - Remedial/recovery plans Giving consideration to: <ul style="list-style-type: none"> - The joined-up nature/alignments of the plans (across financial, operational and people) - The system wide performance; ICS performance - Alignment to national direction and strategies - Following the Leeds Way and demonstrating the Trust values 	All year
2	Execute and report on the delivery of the F&P programme. Report concerns to the Board/appropriate sub-committee, and ensure mitigation/corrective plans are robust	All year
3	Prepare and deliver annual assurance report to the Audit Committee, confirming the effectiveness of the Committee and fulfilment of its objectives	May 2022
4	F&P - ensure it continues to discharge its duties, making any necessary reshaping as we enter a period of stabilisation, reset, renewal and recovery.	May 2021
5	F&P – ensure sufficient assurance on the new financial regime and ICS performance.	October 2021